FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB Num
Expires:

FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB AP	PROVAL
OMB Number:	3235-0076
Expires: Estimated average b	April 30, 2008 urden
hours per response	
SEC USI	E ONLY
Prefix	Serial
D. ATE DE	CDATED
DATE RE	CEIVED
l	t .

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Series C Preferred Stock and the Common Stock Issuable upon conversion thereof	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506	☐ Section 4(6) ☐ ULOE
Type of Filing: ☐ New Filing ☐ Amendment	
A. BASIC IDENTIFICATION DATA	11 - 37.38 11
Enter the information requested about the issuer.	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Hammerhead Systems, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code
640 Clyde Court, Mountain View, CA 94043	650/210-3300
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
SAME AS ABOVE	SAME AS ABOVE
Brief Description of Business	l lbe en la company
Data communications equipment for carriers.	357 & (3
Type of Business Organization	المالية الأولان
☐ corporation ☐ limited partnership, already formed ☐ other	(please specify):
business trust limited partnership, to be formed	B C C C C C C C C C C C C C C C C C C C
Actual or Estimated Date of Incorporation or Organization: Month Year	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File. U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)

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		A. BASIC IDENTI	FICATION DATA		
Each beneficial owneEach executive office	issuer, if the issuer ha	as been organized within the particle or dispose, or direct the vorate issuers and of corporate g	ote or disposition of, 10% or n		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		☑ Director	General and/or Managing Partner
Full Name (Last name first, Keil, Robert S.	if individual)				
Business or Residence Addr c/o Hammerhead Systems,		•			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, Rossmann, Greg	if individual)	·			
Business or Residence Addr c/o Pequot Private Equity		• • • •			
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Foundation Capital IV, L.					
Business or Residence Addr		• •			
70 Willow Road, Suite 200					
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,					
Enterprise Partners VI, L					
Business or Residence Addr					
2223 Avenida De La Playa	·				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, Mayfield XI and related en					
Business or Residence Addr 2800 Sand Hill Road, Suite	ess (Number and St				****
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, Fong, Kevin	if individual)				
Business or Residence Addr c/o Mayfield XI Managem	,				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		□ Director	☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code) c/o Hammerhead Systems, Inc., 640 Clyde Court, Mountain View, CA 94043

Savage, Peter P.

	A. BASIC IDENT	IFICATION DATA									
 Each promoter of the issuer, if the issue Each beneficial owner having the pow Each executive officer and director of 	 Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 										
Check Box(es) that Apply:	☐ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner							
Full Name (Last name first, if individual) Stensrud, Bill											
Business or Residence Address (Number an											
c/o Enterprise Partners VI, LP 2223 Aver	nida De La Playa, Suite 300, l	La Jolla, CA 92037									
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner							
Full Name (Last name first, if individual) Grosser, Adam											
Business or Residence Address (Number an	d Street, City, State, Zip Code))									
c/o Foundation Capital, 70 Willow Road,	Suite 200, Menlo Park, CA	94025									
Check Box(es) that Apply: Promoter	■ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner							
Full Name (Last name first, if individual)											
Pequot Private Equity Fund III, L.P. and											
Business or Residence Address (Number an	•) ,									
500 Nyala Farm Rd., Westport, CT 06880											
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if individual) O'Connor, Daniel E.											
Business or Residence Address (Number an	d Street, City, State, Zip Code)									
c/o Gunderson Dettmer 155 Constitution	Drive, Menlo Park, CA										
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner							
Full Name (Last name first, if individual)											
Business or Residence Address (Number an	d Street, City, State, Zip Code										
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if individual)											
Business or Residence Address (Number an	d Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if individual)											
Business or Residence Address (Number an	d Street, City, State, Zip Code)									

				В. Т	NFORMA'	TION ABO	OUT OFFE	RING				
											Yes	No
 Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										••••••		☒
2. What is the minimum investment that will be accepted from any individual?												suer's cretion
	.1 60 1	•. • • .									Yes	No
	oes the offering	•	-	*								
co off wi pe	nter the information or state of state or state	imilar remu- son to be list ates, list the broker or de	neration for ed is an ass name of the aler, you m	r solicitati sociated pe e broker or	on of purc rson or age r dealer. If	hasers in on t of a brok more than	connection ter or dealer five (5) per	with sales registered rsons to be	of securiti with the SI listed are a	es in the EC and/or		
ull Na	ime (Last name	first, if indiv	idual)									
Busines	ss or Residence	Address (Nu	ımber and	Street, City	, State, Zip	Code)						
Name o	of Associated B	roker or Dea	ler								·· <u> </u>	***************************************
	n Which Person											
Check [AI	"All States" or [AK]	check indivi	iduals State [AR]	s). [CA]	All State [CO]	es [CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]		[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M	-	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]		[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	ıme (Last name						[()
		·								···		- 8
Busines	ss or Residence	Address (No	imber and S	Street, City	, State, Zip	Code)						
Name o	of Associated B	roker or Dea	ler									
	n Which Person											
Check [AL]	"All States" or [AK]	check indivirue [AZ]	iduals State [AR]	s) [CA]	All Stat [CO]	es [CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL		[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M]		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI		[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
ull Na	ime (Last name	first, if indiv	vidual)									
3usines	ss or Residence	Address (Nu	ımber and S	Street, City	, State, Zip	Code)				····		
Vame o	of Associated B	roker or Dea	ler									
States i	n Which Person	n Listed Has	Solicited or	r Intends to	Solicit Pur	chasers						
	"All States" or	check indivi	duals State	s)	All Stat	es				ra : -		
	_] [AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[AI	_	ET A 3	ומעו	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[AI		[IA]	[KS]									
[AI		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	m an v	Aggregate		Already
	Type of Security	Offering Price		old
	Debt	\$. \$	
	Equity	\$ 29,999,994.75	\$ 29,99	99,994.75
	☐ Common ☒ Preferred			
	Convertible Securities (including warrants)	\$		
	Partnership Interests	\$. \$	
	Other (Specify)	\$. \$	
	Total	\$ 29,999,994.75	\$ 29,99	9,994.75
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Dollar	regate Amount rchase
	Accredited Investors	12	\$ 29,99	9,994.75
	Non-accredited Investors	0	\$	0.00
	Total (for filings under Rule 504 only)	0	\$	0.00
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sole by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. Type of Offering			Amount old
	Rule 505	Security	e e	
	Regulation A		\$	0.00
	Rule 504		\$ \$	0.00
	Total		\$ \$	0.00
	1014		*	0.00
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish a estimate and check the box to the left of the estimate.	y		
	Transfer Agent's Fees		\$	0.00
	Printing and Engraving Costs		\$	0.00
	Legal Fees	\boxtimes	\$4	0,000.00
	Accounting Fees		\$	0.00
	Engineering Fees		\$	0.00
	Sales Commissions (specify finders' fees separately)		\$	0.00
	Other Expenses (identify)		c	0.00
	Other Expenses (identify)	ш	Φ	0.00
	Total	\boxtimes	\$4	0.00,000,00

L	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	rKU	JCEEDS		
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 at total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted groproceeds to the issuer."	SS		\$_	29,959,994.75
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for ear of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the be to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to t issuer set forth in response to Part C — Question 4.b above.	ЭX			
			Payments to Officers, Directors, & Affiliates		Payments to Others
	Salaries and fees		\$		\$0.00
	Purchase of real estate		\$0.00		\$ 0.00
	Purchase, rental or leasing and installation of machinery and equipment		\$ 8		\$
	Construction or leasing of plant buildings and facilities		\$		\$0.00
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		\$0.00		\$0.00
	Repayment of indebtedness		\$0.00	\boxtimes	\$ 5,017,493.10
	Working capital		\$0.00	\boxtimes	\$ <u>24,942,501.65</u>
	Other (specify):		\$0.00		\$0.00
Co	lumn Totals	\boxtimes	\$	\boxtimes	\$29,959,994.75
	Total Payments Listed (column totals added)		\$	29,9	59,994.75

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) Hammerhead Systems, Inc.	Signature Mut S. M.	Date 31 January , 2006
Name of Signer (Print or Type) Robert S. Keil	Title or Signer (Print or Type) Secretary	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18. U.S.C. 1001.)

Yes

No

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?......

X

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Hammerhead Systems, Inc.	Signature J. Mil	Date January 31, 2006
Name of Signer (Print or Type) Robert S. Keil	Title or Signer (Print or Type)	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

				4				5 Disqualification			
	Intend t non-acc investors (Part B-	redited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)						
				Number of Accredited	Number of Number of						
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No		
AL				-							
AK											
AZ											
AR			Series C Preferred Stock								
CA		Х	\$14,326,529.25	8	\$14,326,529.25	0	\$0.00		X		
со											
СТ		X	Series C Preferred Stock \$3,673,469.25	2	\$3,673,469.25	0	\$0.00		Х		
DE											
DC						9					
FL											
GA											
ні											
ID											
IL		х	Series C Preferred Stock \$6,999,998.50	1	\$6,999,998.50	0	\$0.00		х		
IN											
IA											
KS											
KY											
LA											
ME											
MD											
MA											
MI											
MN											
MS											

APPENDIX

1		2	3			4			5		
	non-ac	to sell to credited s in State l-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)					Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
МО	1	1.0		111.455015	120000	247,05010	111104111	103	1,0		
MT								<u> </u>			
NE	-		<u></u>						<u> </u>		
NV	1			-							
NH	1		,	!							
NJ											
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ОН											
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OR											
PA											
RI											
SC											
SD											
TN											
TX		Х	Series C Preferred Stock \$4,999,999,997.75	1	\$4,999,999,997.75	0	\$0.00		X		
UT											
VT											
VA											
WA											
wv											
WI											

P			

11	2		3	4				5	
									ification
1	,		Type of security					under State ULOE	
1	Intend to sell to		and aggregate				(if yes, attach		
ì	non-accredited		offering price	Type of investor and			explanation of		
Į	investors in State		offered in state	amount purchased in State			waiver granted		
	(Part B-Item 1)		(Part C-Item 1)	(Part C-Item 2)				(Part E-Item 1)	
	İ ·			Number of		Number of		1	
	l <u>.</u> .			Accredited		Non-Accredited			
State	Yes	No_		Investors	Amount	Investors	Amount	Yes	No
WY						1		į	
PR									